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JULY 12/2001

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages : 43]
(preferred arrangement set forth below)
 - Description
 - Cross Reference to Related Applications
 - Statement Regarding Fed Sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 9]
- Oath or Declaration [Total Pages 2]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
- DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76 [3 pgs.]

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-Part (CIP) of prior application No: 08/461,031 filed June 5, 1995.

Prior application information: Examiner: Marschel, A. Group/Art Unit: 1631

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 22195 or Correspondence address below

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	FAX	
NAME (Print/Type)	Registration No. (Attorney/Agent) <u>46,789</u>		
SIGNATURE	<u>M. J. Hyman</u> Date <u>July 12, 2001</u>		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Total amount of payment **\$1,958.00***Complete if Known*

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bednarik et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket Number	PF138P1C1

METHOD OF PAYMENT

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **08-3425**Deposit Account Name **HUMAN GENOME SCIENCES, INC.**

Charge Any Additional Fee Required
Under 37 CFR §§ 3.16 and 1.17

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEES CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		\$710.00	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
76	-20*	\$518.00	\$1,008.00
Independent Claims	6	-3*	\$80.00
Multiple Dependent			\$240.00
SUBTOTAL (2)		\$1,248.00	

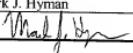
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
102	80	202	40
104	270	204	135
108	80	209	40
110	18	210	9
SUBTOTAL (2)		\$1,248.00	

** or number previously paid, if greater; For Reissues, see above

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**\$0.00****Submitted By**Name (Print/Type) **Mark J. Hyman**

Complete (if applicable)

Signature: 

Telephone (240) 314-1224

Date: July 12, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Please enter account information and authorization on PTO-2038.

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